



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$365880641
Outpatient Patient Service Revenue	\$344657869
Total Gross Patient Service Revenue	\$710538510

2. Deductions From Revenue

Contractual Allowance	\$470093852
Other Deductions	\$-1458031
Total Deductions	\$468635821

3. Total Operating Revenue

Net Patient Service Revenue	\$241902689
Other Operating Revenue	\$9345947
Total Operating Revenue	\$251248636

4. Operating Expenses

Salaries and Wages	\$59994827	Employee Benefits	\$14586548
Depreciation and Amortization	\$9046507	Interest Expense	\$13620461
Bad Debt	\$10404938	Other Expenses	\$99860205
Total Operating Expenses	\$207513486		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$43735150	Total Assets	\$470379720
Net Non-operating Gains over Loss	\$529939	Total Liabilities	\$470379720

Total Net Gains	\$44265089
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$233857868	\$195363311	\$38494557
Medicaid	\$75956991	\$68661471	\$7295520
Other Government	\$4739695	\$4081386	\$658309
Other State	\$0	\$0	\$0
Other Payers	\$395983956	\$200529653	\$195454303
Total	\$710538510	\$468635821	\$241902689

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$108953	\$-108953

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$201133	\$-201133
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	1809

Statement Six: Charity Statement

Hospital Charity Charges	\$5465018
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1435113	
HCI Payments	\$0		
Subtotal	\$0	\$1435113	\$-1435113
Medicaid Shortfalls	\$19254386	\$29192432	
Subtotal	\$19254386	\$30627545	\$-11373159
DSH Payments	\$0		
Subtotal	\$19254386	\$30627545	\$-11373159
Medicare Shortfalls	\$29529281	\$40191524	
Other Government Programs	\$0	\$0	
Total	\$48783667	\$70819069	\$-22035402

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments